

The William W. Backus Hospital

HEALTHview



2010 Community Health Needs Assessment

Community Forum
September 23, 2010

Backus





Today's Objectives

- To provide an overview of a recently completed Community Health Needs Assessment (CHNA) and highlight key research findings.
- To allow attendees to ask questions to ensure a full understanding of study results and implementation plans.
- To solidify a collective ownership of study results and community support for improving the overall health and well-being of area residents.
- To hear from William W. Backus Hospital about its plan for utilizing study results to address community opportunities.



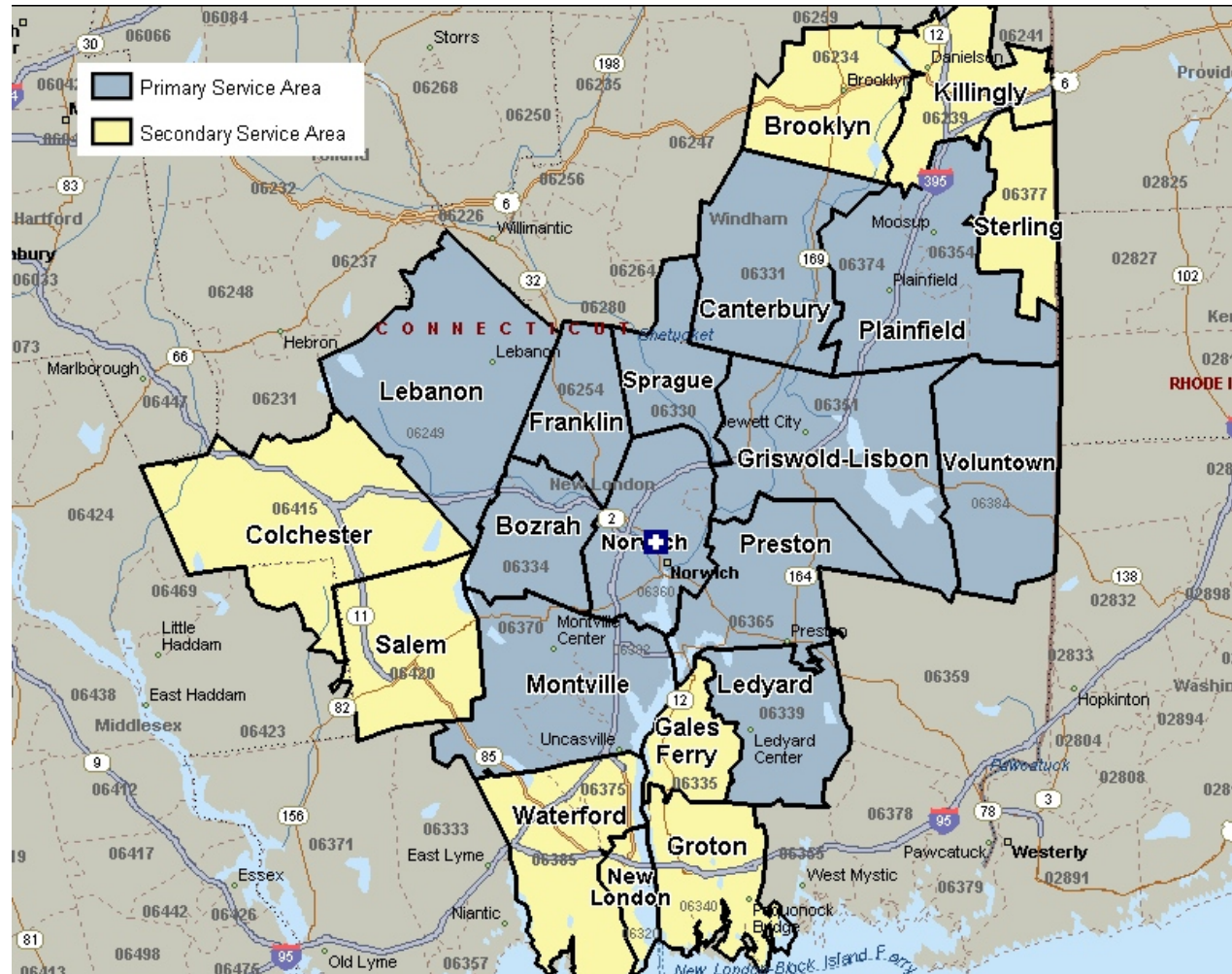
Research Overview

- Secondary Data Profile
 - Completed March 2010
- Household Survey (telephone interviews)
 - March 15 through April 23, 2010
- Focus Groups (July 2010)
 - Parents
 - Primary Care Physicians



Geographic Area of Focus

Data was compiled throughout the hospital's primary and secondary service areas.





Secondary Data Profile

- A compilation report that displays all of the existing health and wellness-related data that is tracked on a regular basis.
 - Demographic & Household statistics (population, poverty figures, education rates, etc.)
 - Mortality Rates
 - Cancer Incidence & Mortality
 - Maternal & Child Health Indicators
 - Infectious/Communicable Disease
 - Crime & Violence
 - Mental Health





Household Survey

- Telephone interviews were conducted with 1,109 adult residents from within the William Backus service area.
 - CDC instrument served as core.
 - The survey averaged approximately 10-15 minutes.
- Health status & Quality of life
 - Health care access
 - Exercise and weight
 - Diabetes
 - Oral health
 - Cardiovascular disease
 - Asthma
 - Tobacco use
 - Alcohol Consumption
 - Immunizations
 - Falls
 - Risky behaviors (DUI, seatbelt use)
 - Women's health
 - Cancer screenings
 - STIs
 - Race and health treatment
 - Mental health





Focus Groups

- Two focus groups were conducted:

- Parents

-Access to care issues, children's nutrition and weight, special needs children (behavioral health, autism)

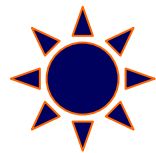
- Primary Care Physicians

-Economic issues and impact on healthcare needs, access to care, use of emergency room for primary care, medical reimbursement, prevention and wellness, specialty care





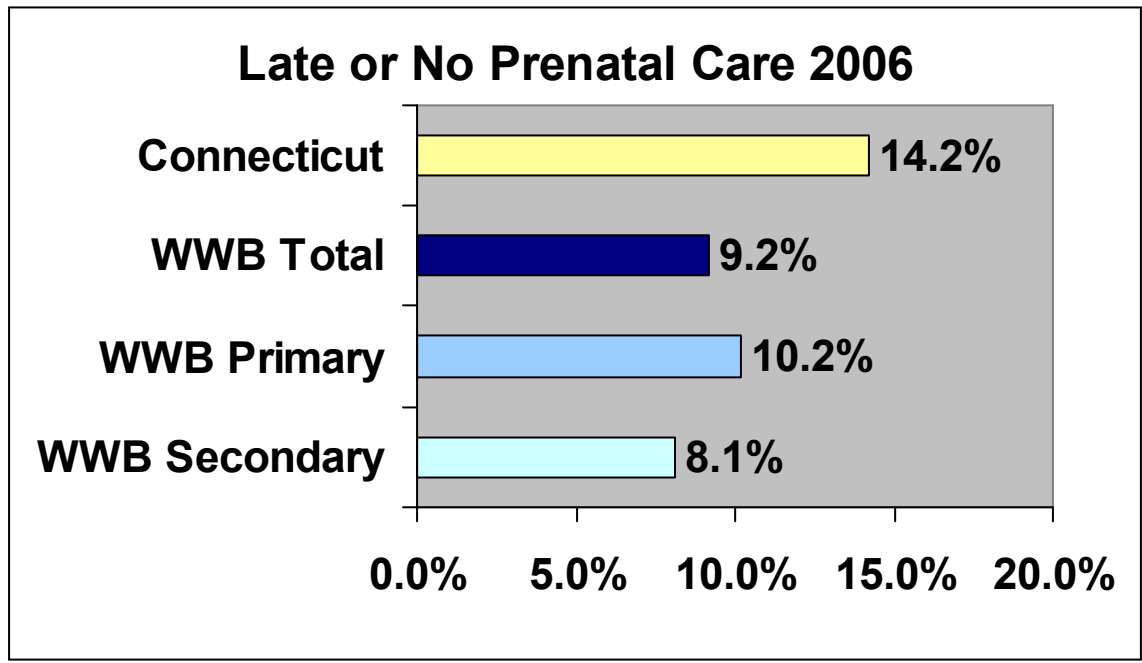
Summary of Assessment Findings



Key Areas of Strength



Maternal Health



Favorable maternal health statistics

Slight differences between primary and secondary service areas

88.3% receive "intensive" or "adequate" prenatal care

Prenatal Care Adequacy	Connecticut	WWB Total Service Area	WWB Primary Service Area	WWB Secondary Service Area
Intensive	37.1%	38.3%	41.2%	34.7%
Adequate	43.1%	50.0%	47.7%	52.8%
Non-Adequate	19.8%	11.3%	10.6%	12.2%



Cancer Incidence

Crude Rates per 100,000	United States	Connecticut	WWB Total Service Area	WWB Primary Service Area	WWB Secondary Service Area
All Sites	474.1	529.0	445.0	397.9	502.3
Lung	69.8	72.3	72.2	65.2	80.7
Melanoma of the Skin	17.1	23.2	20.4	18.0	23.4
Prostate	139.3	75.7	55.8	47.8	65.6
Breast, Female	129.6	75.2	62.7	50.3	77.7
Colon/Rectum	52.3	59.0	44.9	39.7	51.3

The overall cancer incidence rate is favorable to CT and US statistics

Cancer incidence rates are lower in all categories for the primary service area compared to the secondary service area

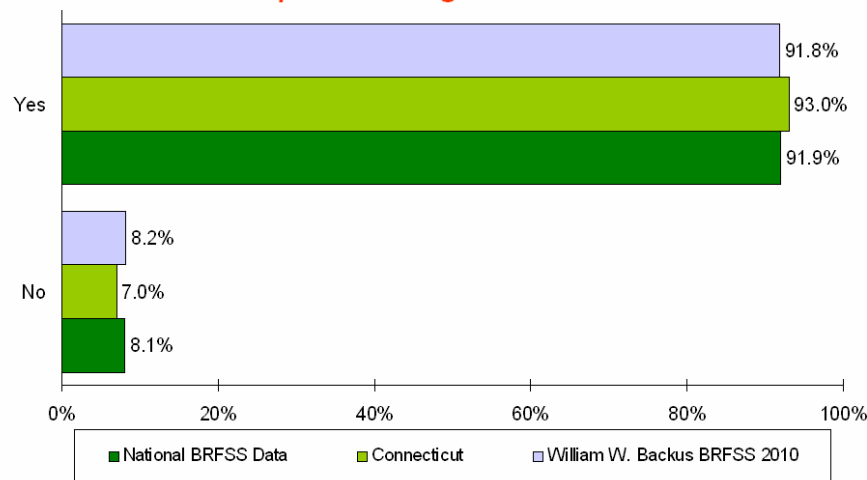


Women's Health Cancer Screenings

Breast Cancer Screenings (50+)

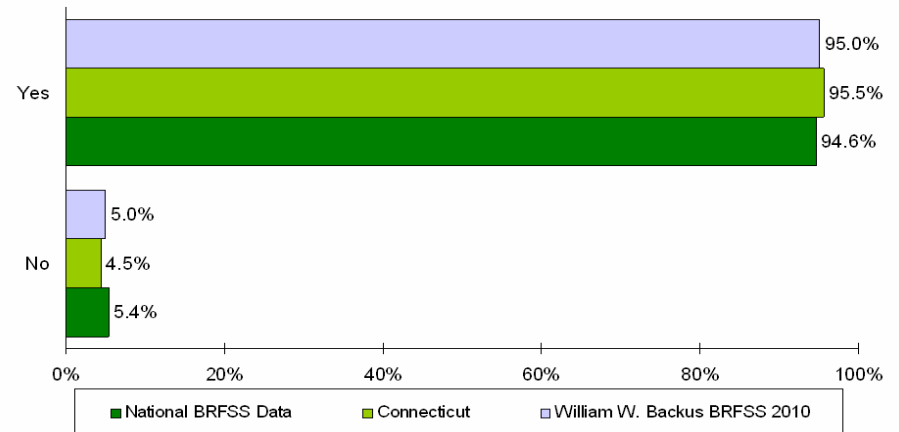
A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?

Respondents age 50 and older



A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

Respondents age 50 and older



No noteworthy
statistical differences
among racial groups

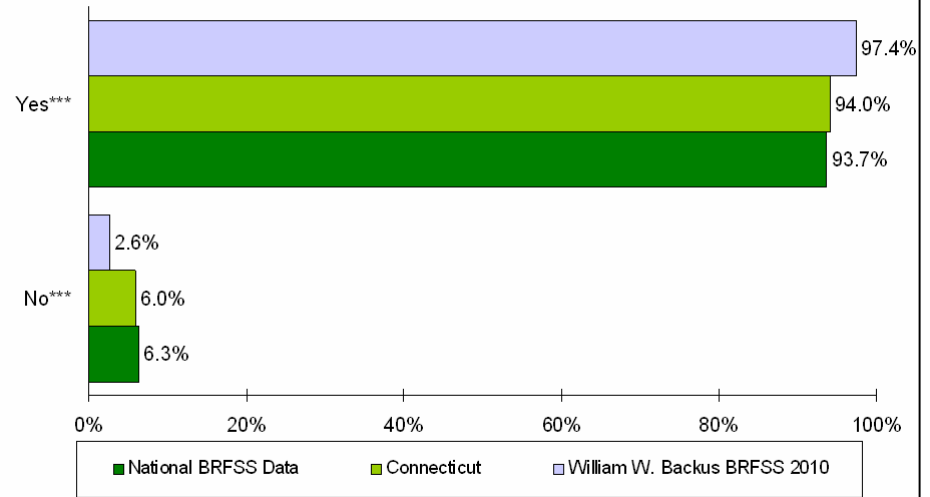


Women's Health Cancer Screenings

Cervical Cancer Screenings & Immunizations

A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

Frequency of responses

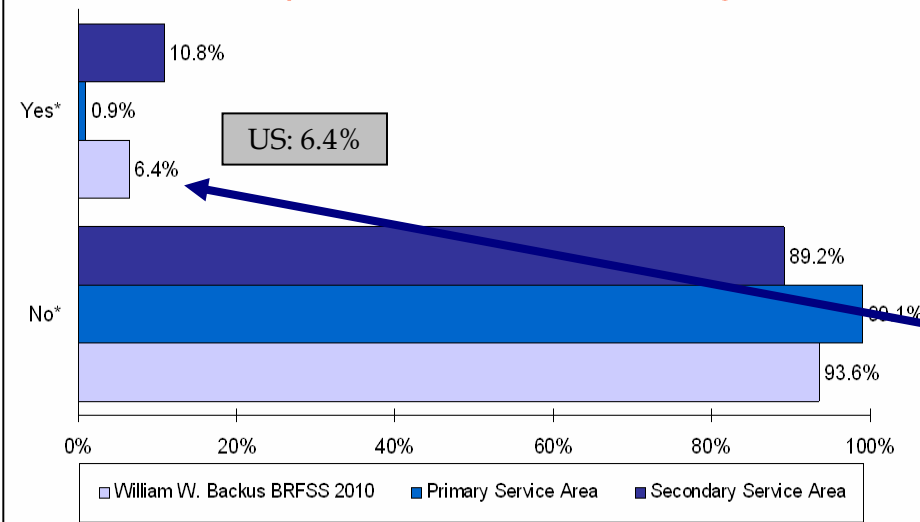


***William W. Backus Hospital 2010 is significantly different from National and Connecticut comparisons.

183

A vaccine to prevent the human papilloma virus or HPV infection is available and is called cervical cancer vaccine, HPV shot, GARDASIL®, or Cervarix®. Have you EVER had the HPV vaccination?

Female respondents between 18 and 49 years



67% within WBH service area received "all" the shots; above national figures



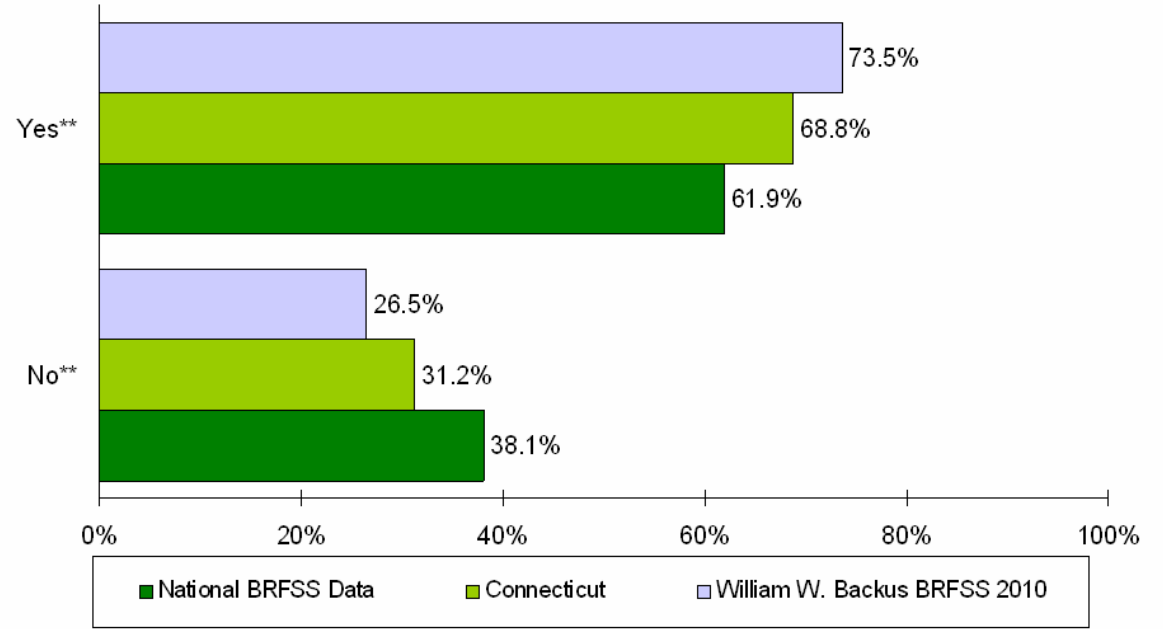
Colon Cancer Screenings

Colorectal Cancer Screenings (50+)

No gender or racial differences uncovered

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

Respondents age 50 and older



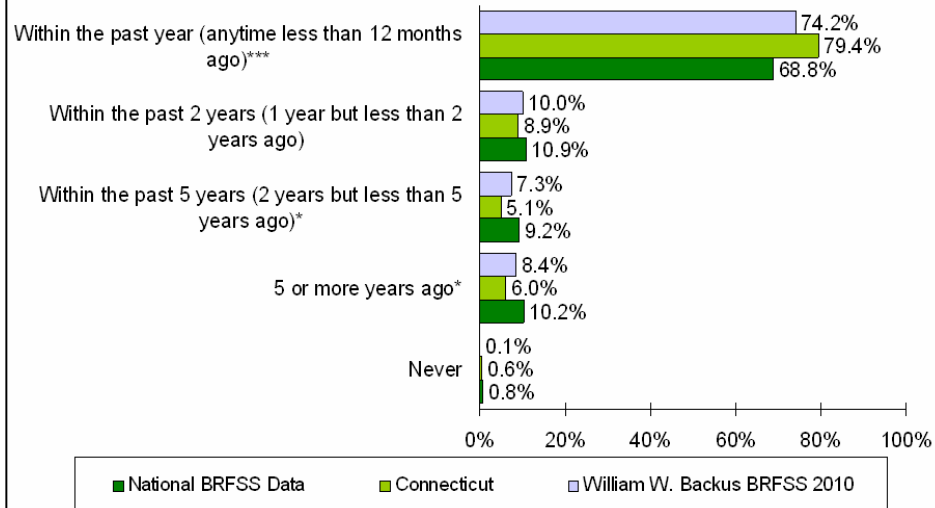
**William W. Backus Hospital 2010 is significantly different from the National comparison.



Oral Health

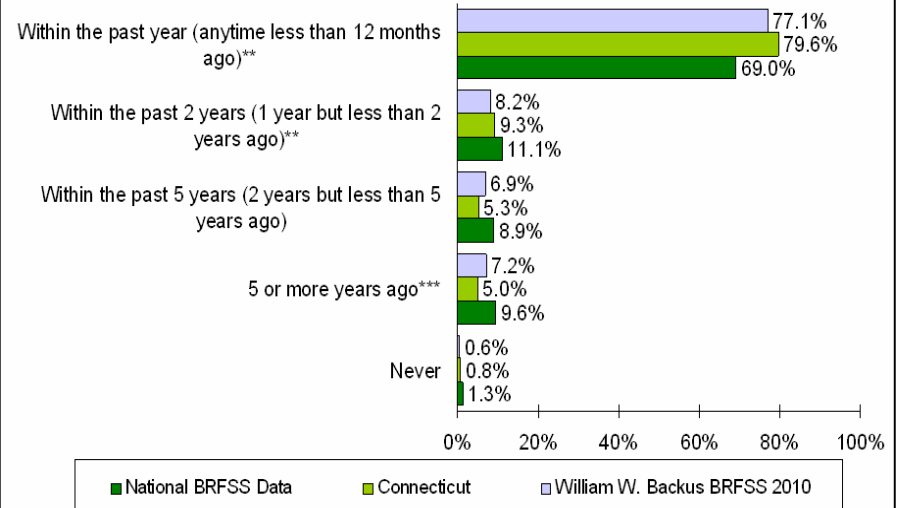
How long has it been since you last visited a dentist or a dental clinic for any reason?

Frequency of responses



How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

Frequency of responses



“Other” racial groups less likely to have regular dental cleanings and dental care compared to white respondents

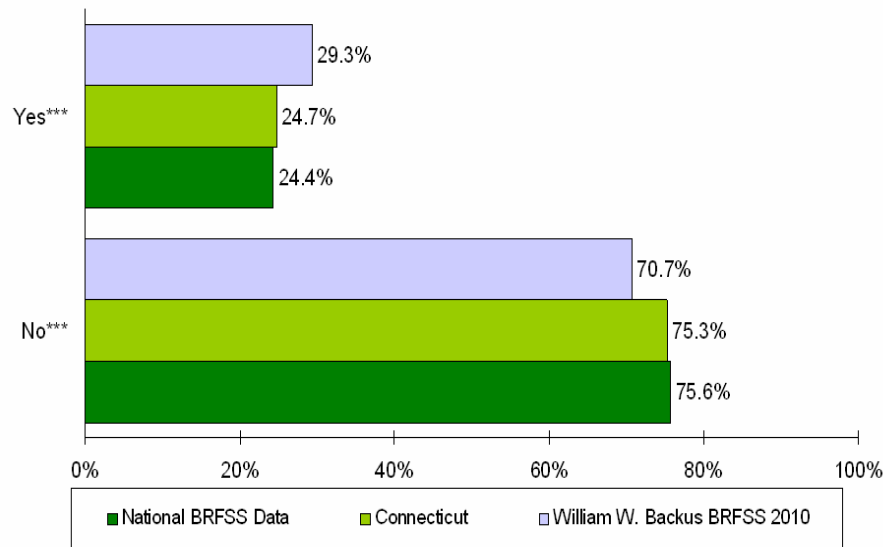
No gender differences



Adult Immunizations

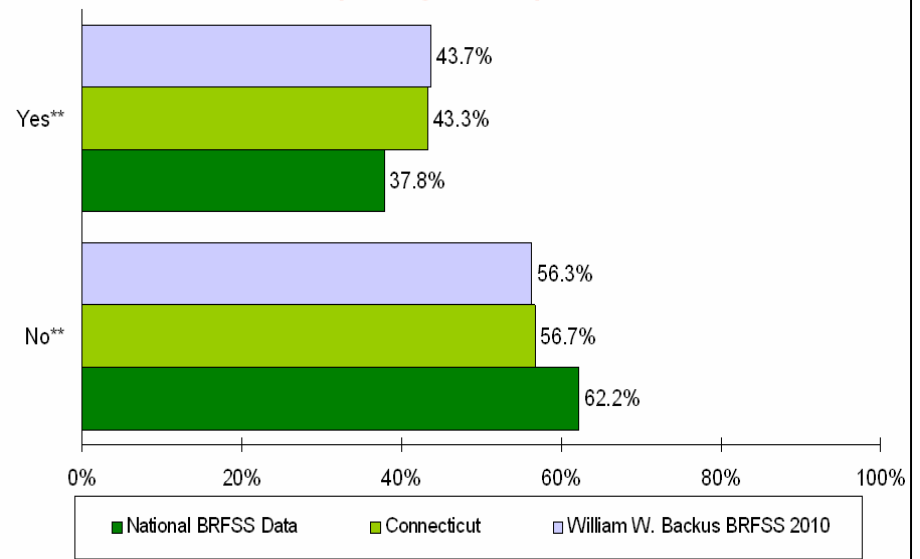
A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

Frequency of responses



A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?

Frequency of responses



Females respondents are more likely to have had a flu shot in the previous year compared to male respondents

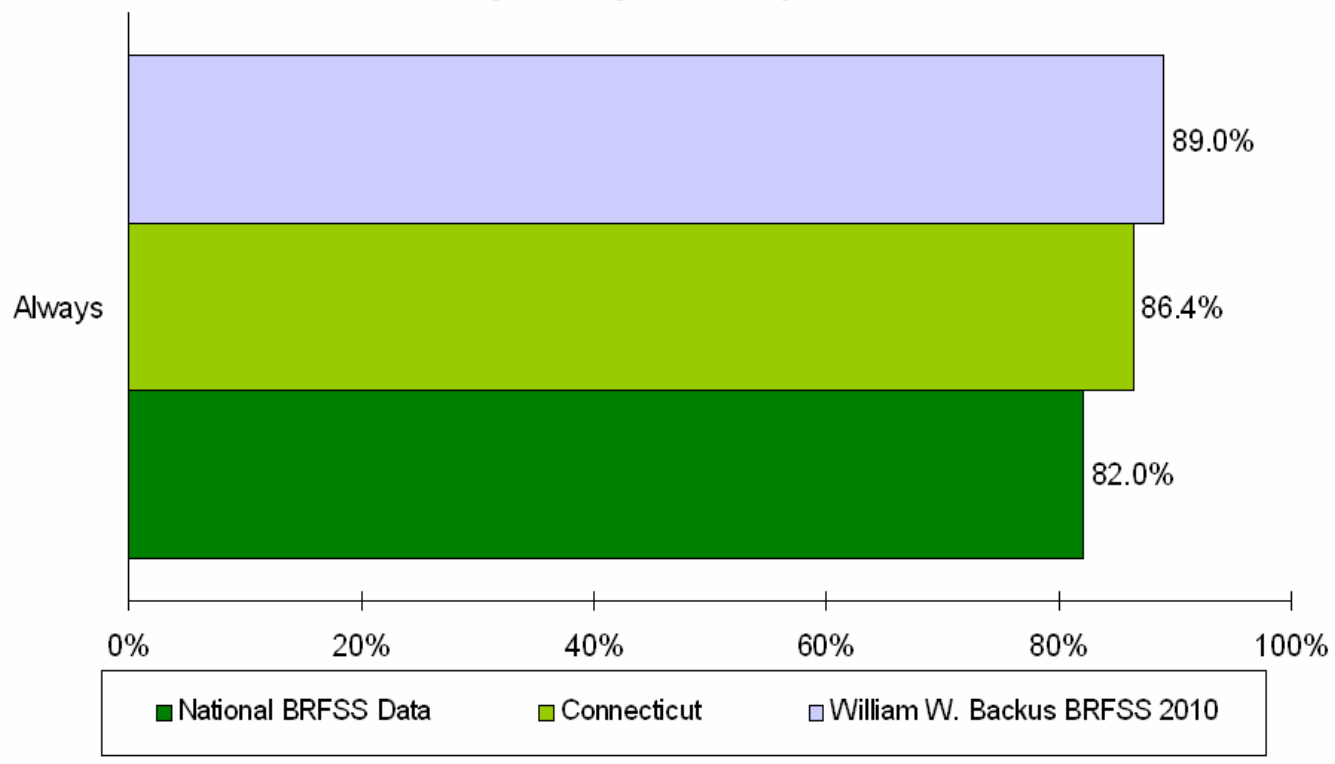
Among 65+ in the area, 66.9% have had a flu shot in past year and 67.3% have ever had a pneumonia shot.



Seatbelt Use

How often do you use seat belts when you drive or ride in a car?

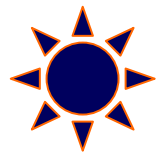
Frequency of responses



Percentage is slightly higher within secondary service area (90%) compared to primary (87%).



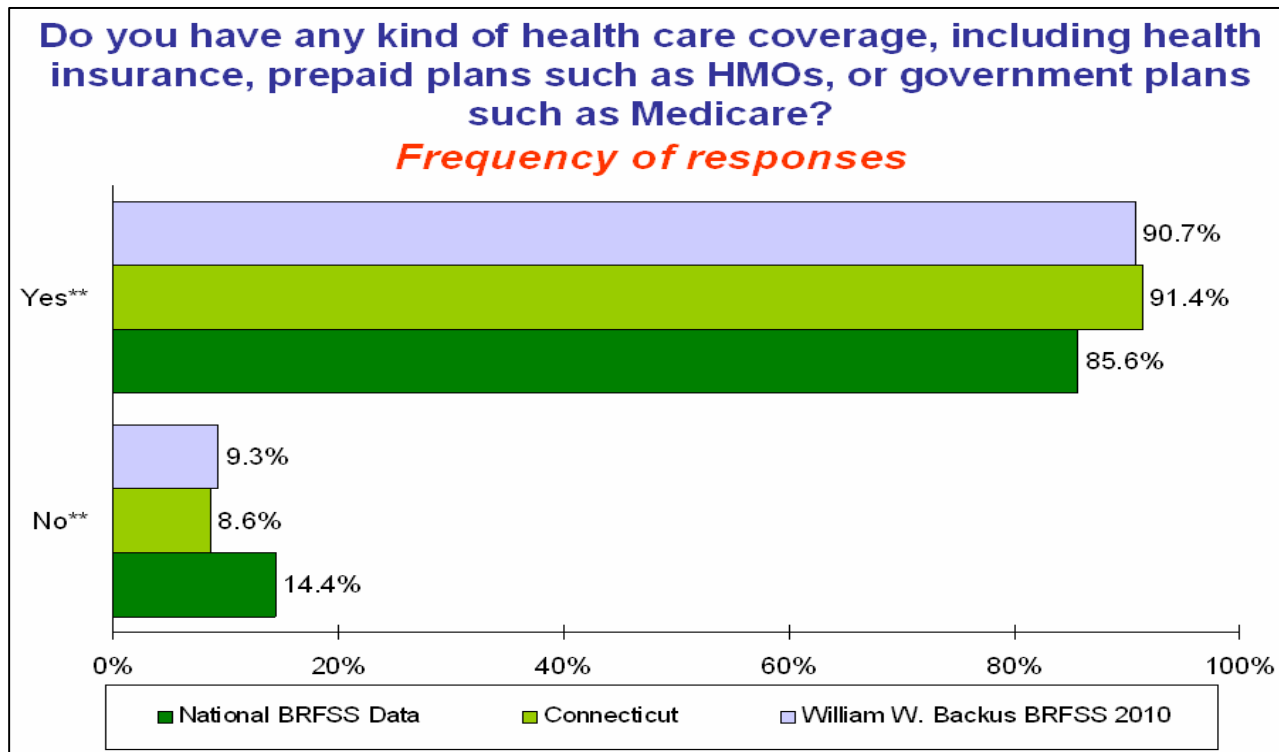
Summary of Assessment Findings



Key Areas of Opportunity



Access to Care



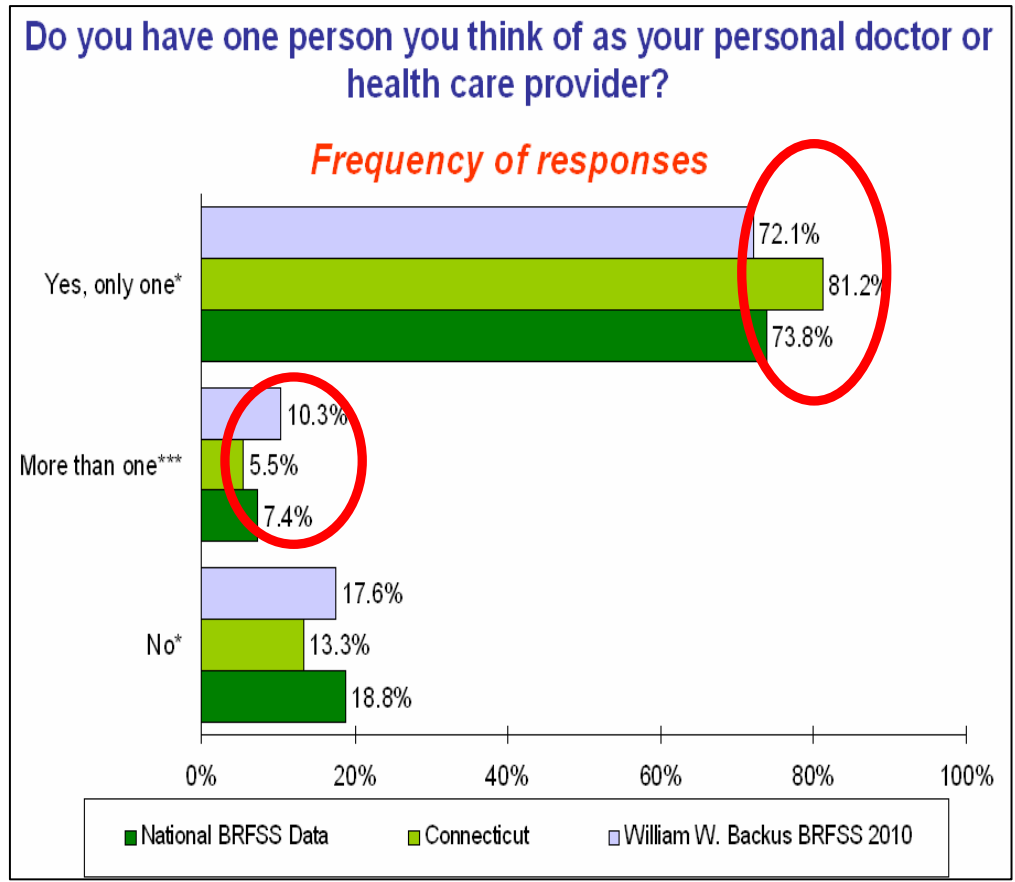
18-24 year olds are the least likely to have health insurance (20.9% in that age group responding "no.")

Females more likely to have health insurance than males BUT less likely to find a provider to accept that insurance

- 11.2% could not see a doctor in the past year because of cost
- 14.1% were unable to obtain medical services in past year because provider did not accept insurance
 - 7.2% were not able to see doctor because of high co pay in past year
 - 6.7% unable to see doctor in past year because of having no transportation
- 10.6% sought care in ER because could not get appointment with doctor or primary care provider



Access to Care



- There is a pattern in the response to this question when examined across age groups. Percentage saying “no” to this question by age:
 - 18-24: 35.8%
 - 25-34: 22.9%
 - 35-44: 15.8%
 - 45-54: 16.3%
 - 55-64: 13.4%
 - 65+: 4.9%



Lyme Disease

Lyme Disease (2008)	Connecticut	WWB Total Service Area	WWB Primary Service Area	WWB Secondary Service Area
2008 total cases	3,896	324	198	126
2008 rates per 100,000	114.0	130.1	157.1	97.4

Lyme Disease rates are above statewide figures

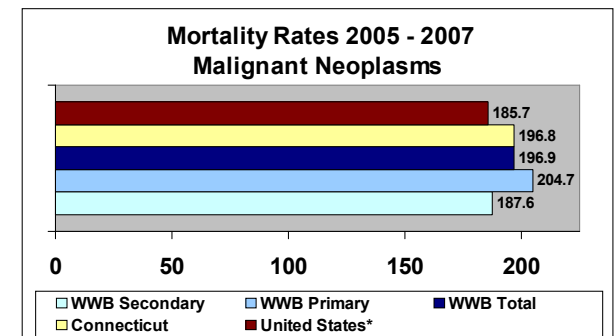
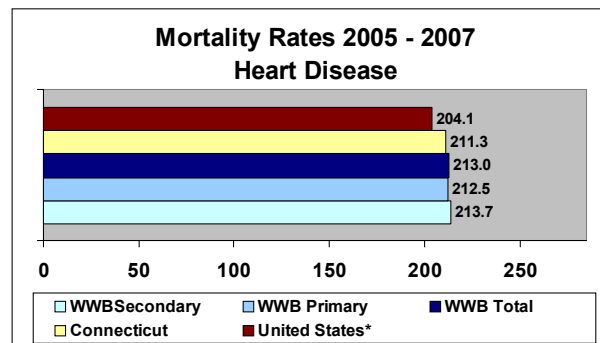
Rates of Lyme Disease are higher in the primary market area (157.1) versus the secondary market area (97.4)



Mortality Rates

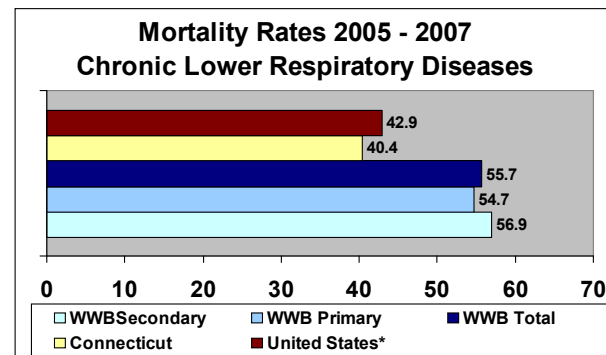
Crude death rate for WBH service area similar to CT, above US

	United States*	Connecticut	WWB Total Service Area	WWB Primary Service Area	WWB Secondary Service Area
Crude rates per 100,000 in population.					
Number of Deaths	2,424,059	86,970	6,262	3,050	3,212
Crude Rate	808.7	826.4	828.0	833.2	821.7



Unfavorable mortality rates (vs. CT or US):

- Chronic Lower Respiratory Diseases
- Heart Disease
- Malignant Neoplasms





Risky Behaviors: Tobacco Use

50% of the adult population has had at least 100 cigarettes (above CT and US)

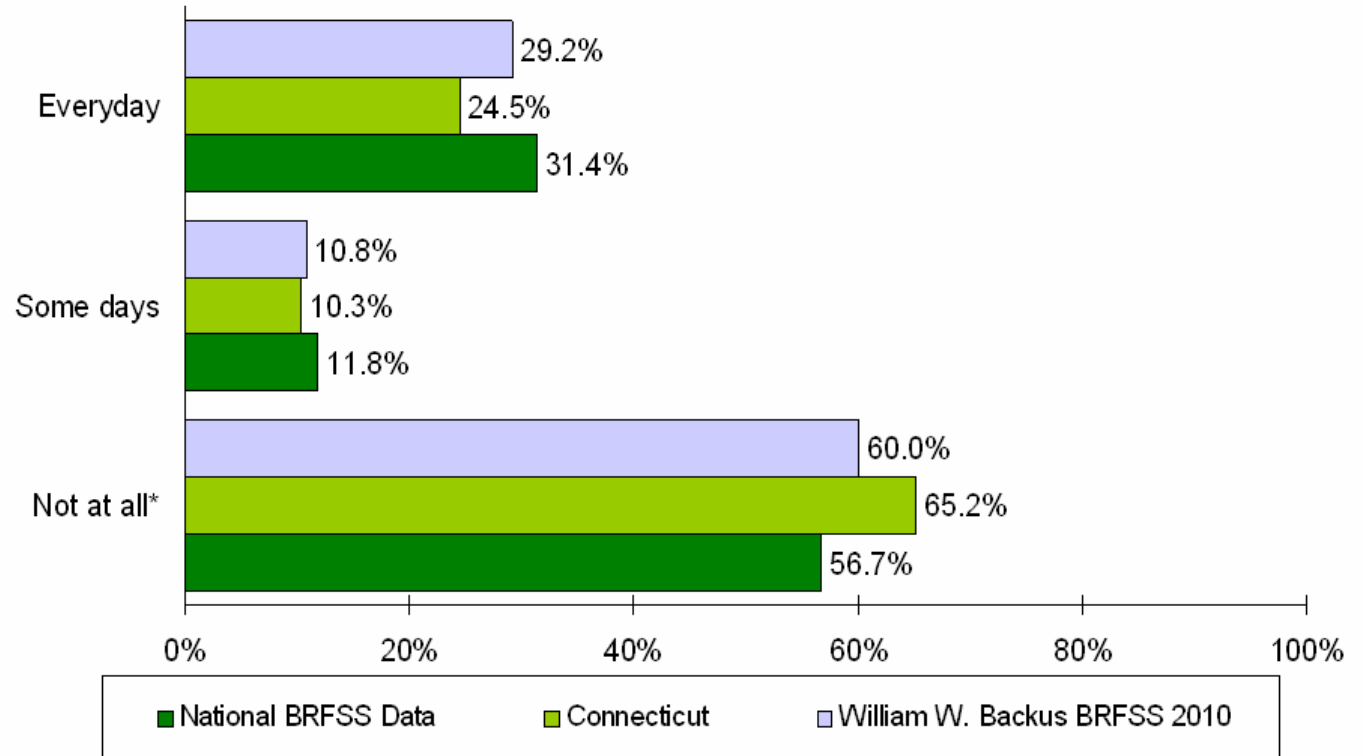
65% have attempted to quit smoking in past year

Use of chewing tobacco is lower than nationally

Cigar use comparable to national statistics

Do you now smoke cigarettes every day, some days, or not at all?

Respondents who have smoked at least 100 cigarettes



*William W. Backus Hospital 2010 is significantly different from the Connecticut comparison.



Risky Behaviors: Tobacco Use

- Cigarette smoking is highest among the young adult population (“students”) and those who have been out of work for more than one year.
- Among those who have smoked 100 cigarettes in their lifetime:
 - 20.9% have/had asthma
 - The number drops to 15.5% among non-smokers
- Those who smoke cigarettes are also more likely to drink alcohol in an average month.
 - Nearly 75% of those who have smoke 100 cigarettes in their lifetime also engaged in binge drinking at least five times in the previous month.



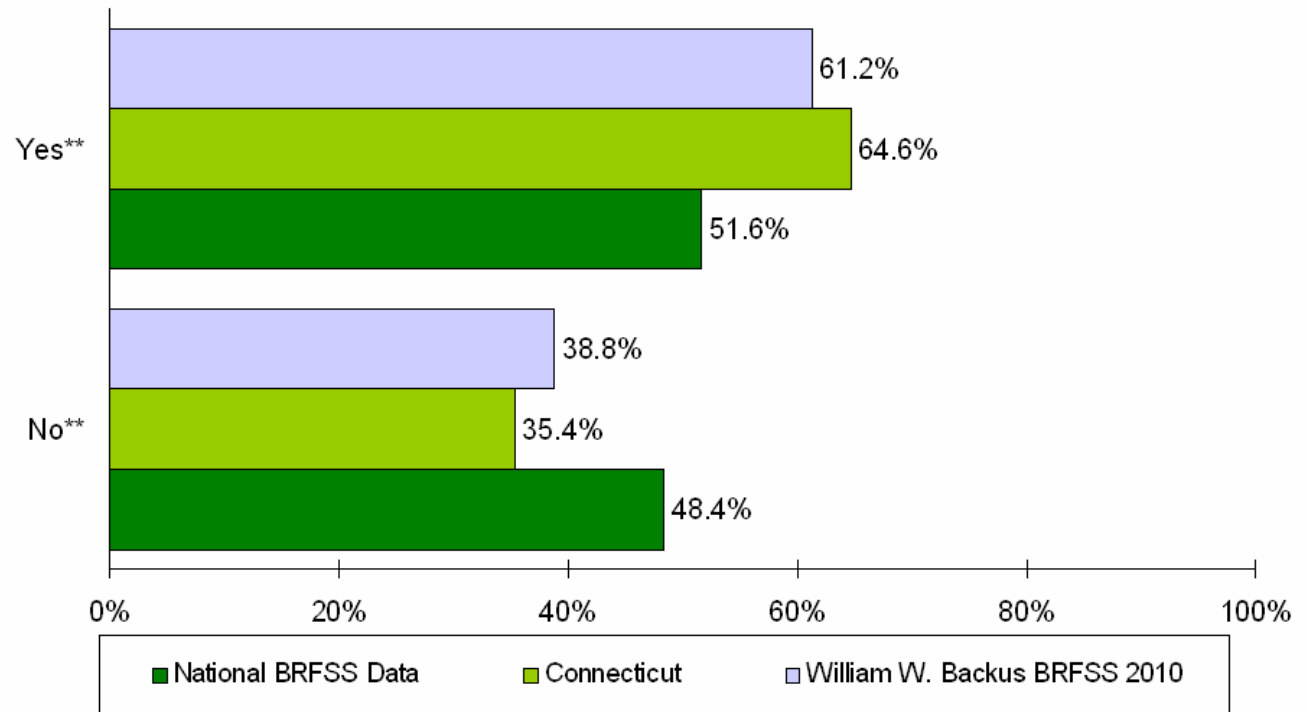
Risky Behaviors: Alcohol Use

Males more likely to have had an alcoholic drink compared to females

Males more likely to have driven after drinking alcohol compared to females

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

Frequency of responses



**William W. Backus Hospital 2010 is significantly different from the National comparison.



Risky Behaviors: Alcohol Use

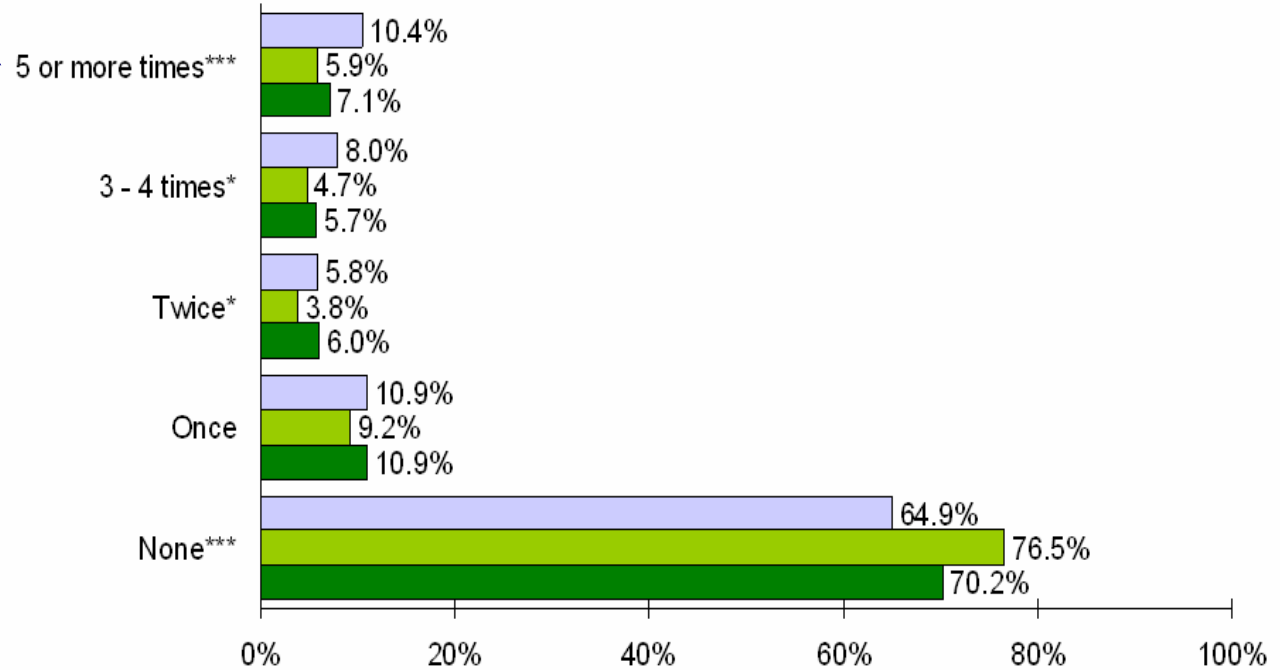
Percentage is higher in secondary service area compared to primary

49.6% of binge drinkers reported drinking in own home; 21% at a bar or club; 12.5% another person's home; 10.6% at a banquet hall or restaurant

Black respondents more likely to have had a binge drinking episode than white respondents

Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [5 for men, 4 for women] or more drinks on an occasion?

Respondents who have had at least one drink in past 30 days



■ National BRFSS Data ■ Connecticut ■ William W. Backus BRFSS 2010

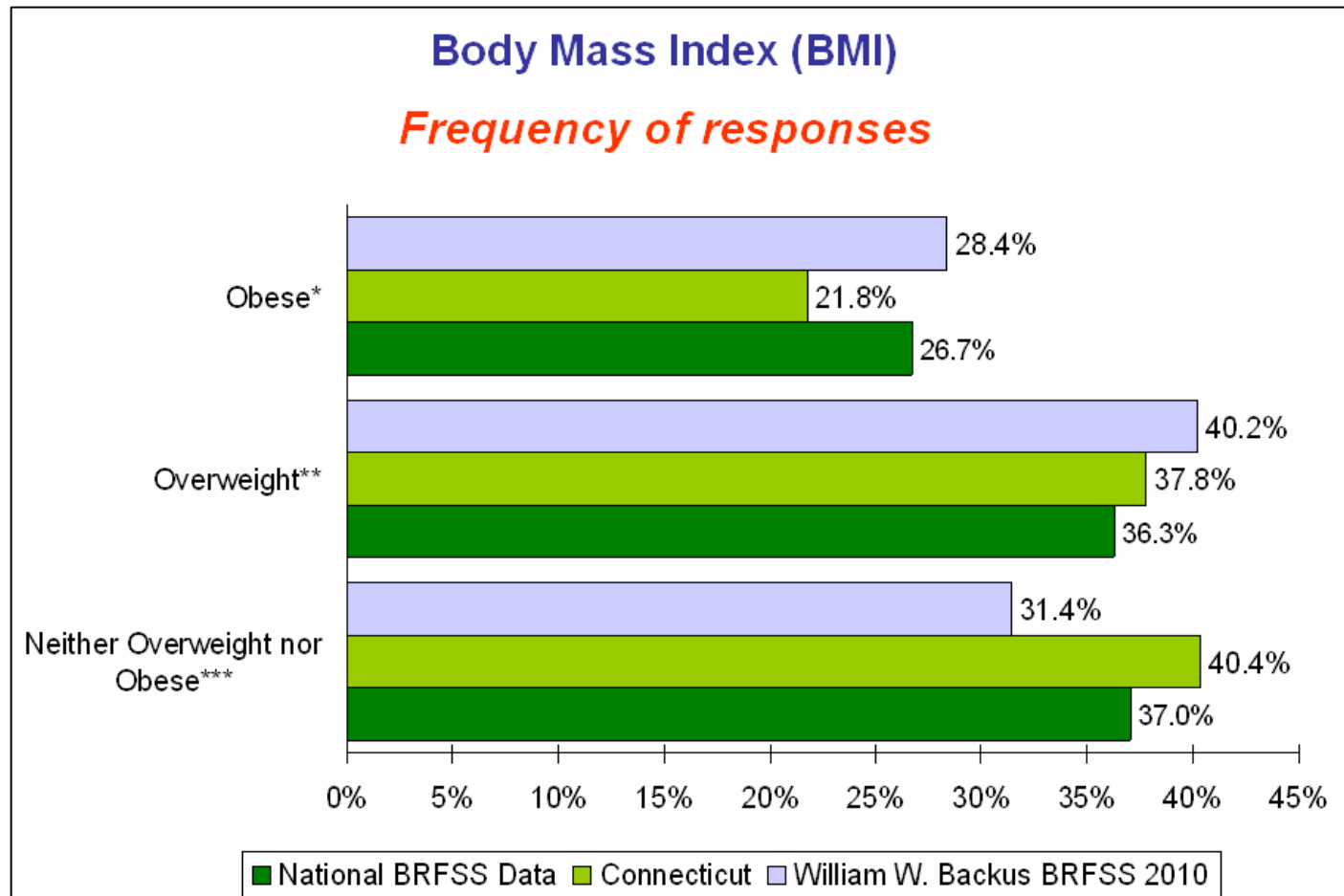


Risky Behaviors: Alcohol Use

- Connection between smoking and alcohol use was noted previously.
- Data from the household survey did not substantiate a statistical connection between alcohol use and the following:
 - Diagnosis of depression
 - Diagnosis of anxiety disorder
 - HIV/AIDS high-risk situations (IV drug use, etc.)
- **HOWEVER**, there is a relationship between binge drinkers and the high-risk situations.



Weight



No differences between primary and secondary

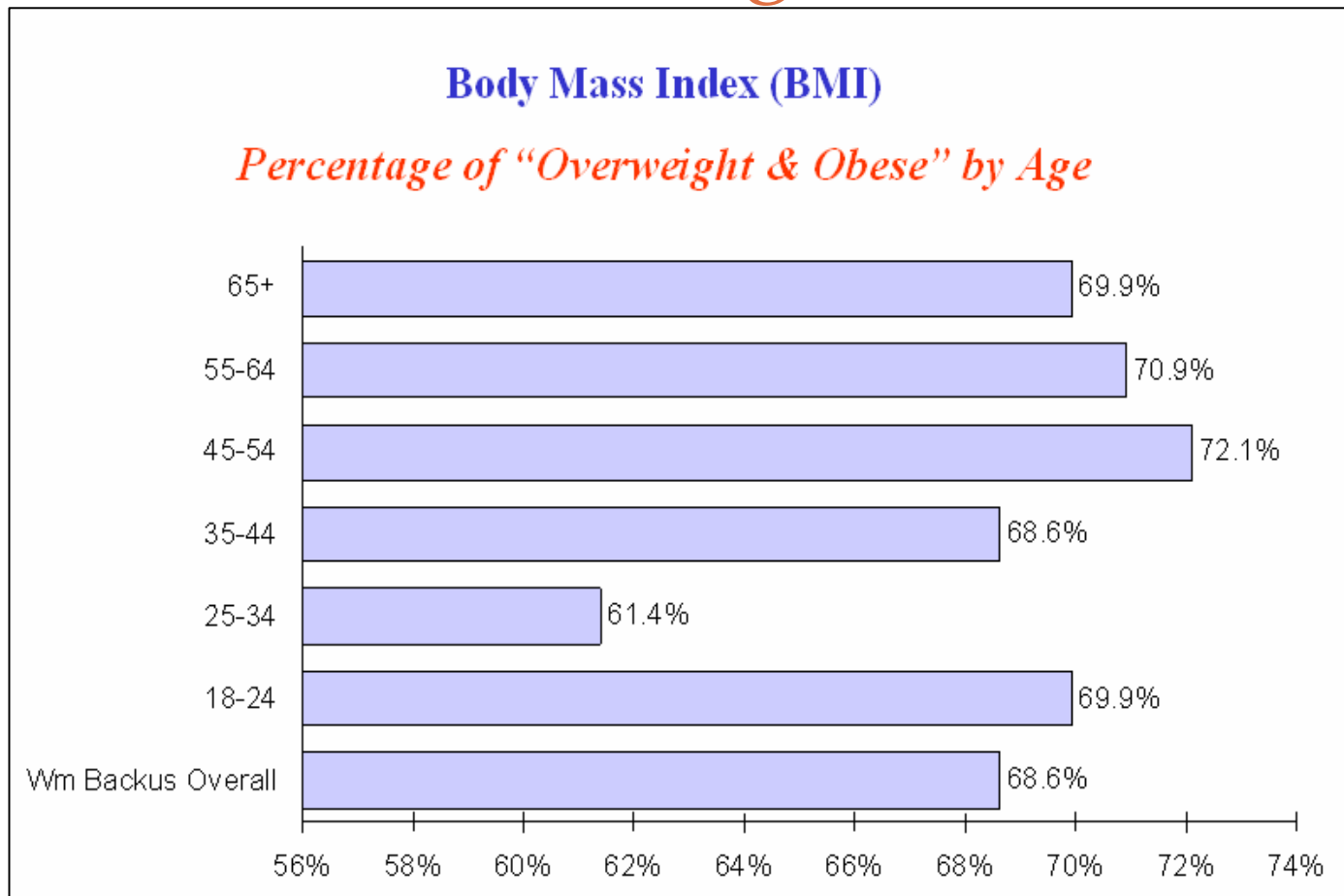
Males more likely to be overweight or obese than females

Childhood obesity concern among focus group parents

This translates into approximately 175,000 adults in the WBH service area who are overweight or obese



Weight



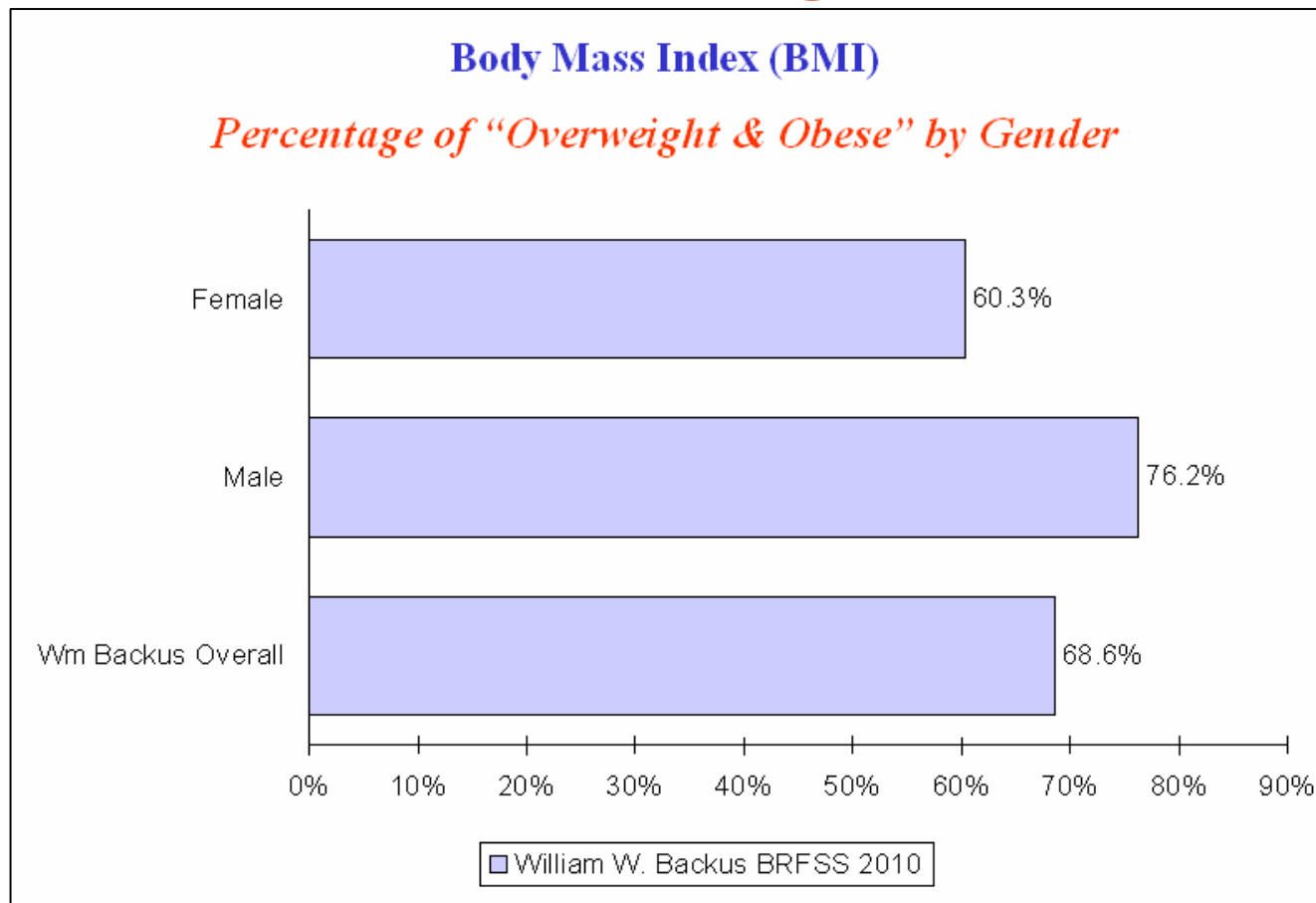
Percentage "Overweight & Obese" by race:

African American: 80.5% White: 68.7%

Hispanic/Latino: 75.2%



Weight



No significant differences across income, work status.

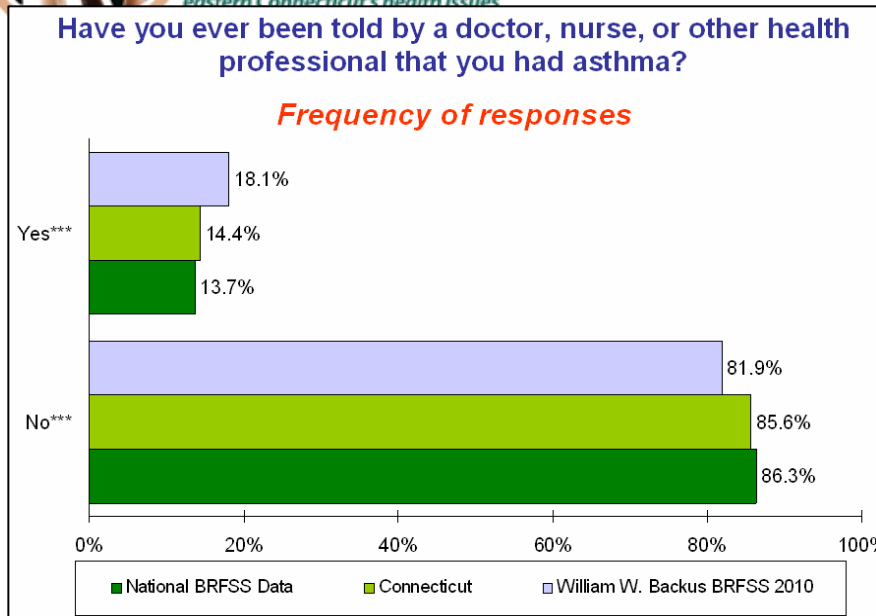


Weight: Additional Findings

- Those with a diagnosis of diabetes are also more likely to be overweight or obese compared to those without a diabetes diagnosis (83.5% versus 66.6%).
- Those who have had a heart attack are also more likely to be overweight or obese compared to those who have not had a heart attack (74.1% versus 68.4%).
- Those who have angina or coronary heart disease are also more likely to be overweight or obese compared to those without that diagnosis (79.6% versus 68.3%).

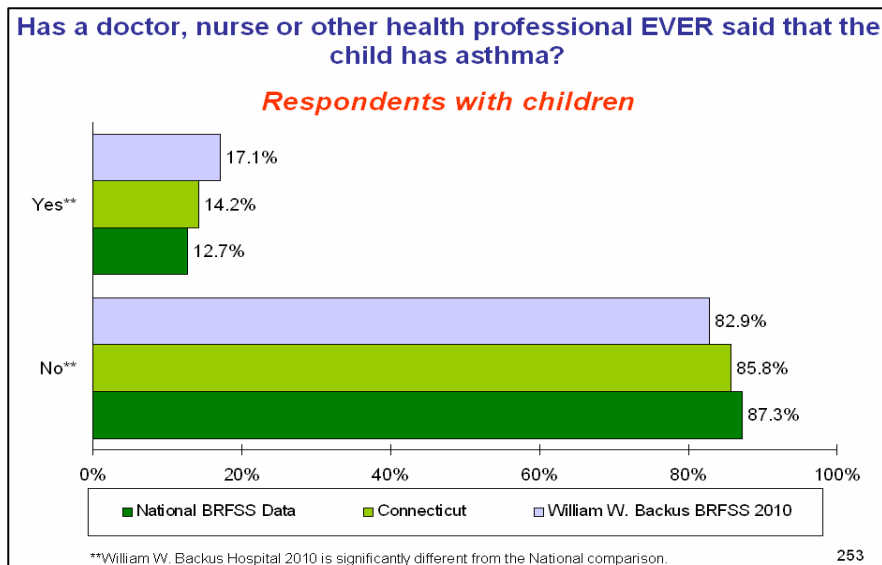


Asthma



7 out of 10 adults still have asthma

Female respondents are more likely to have asthma than males



Nearly 74% of children still have asthma (above CT and US figures)

**William W. Backus Hospital 2010 is significantly different from the National comparison. 253



Asthma

		Have you smoked 100 cigarettes in your lifetime?	
Have you ever been told you had asthma?		Yes	No
Yes		20.9%	15.5%
No		79.1%	84.5%



Cancer Screenings

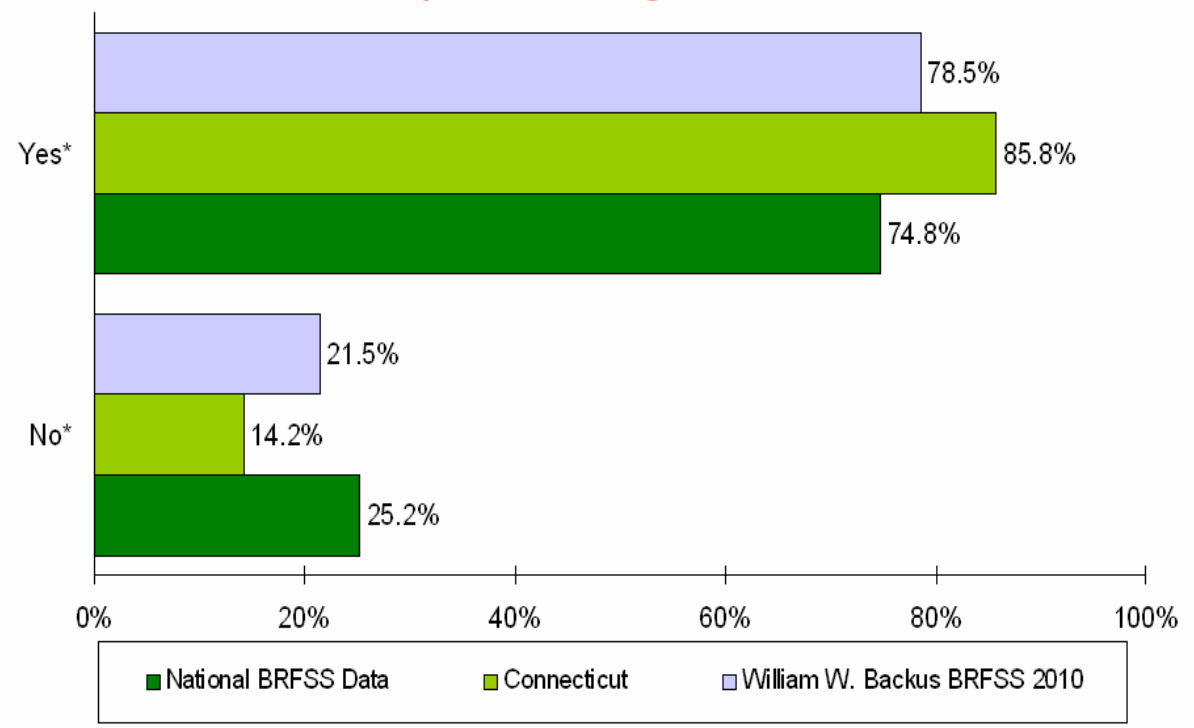
Prostate Cancer Screenings (males 40+)

WBH service area similar to CT and US for proportion having PSA tests (6 out of 10)

No differences for reported prostate cancer

A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

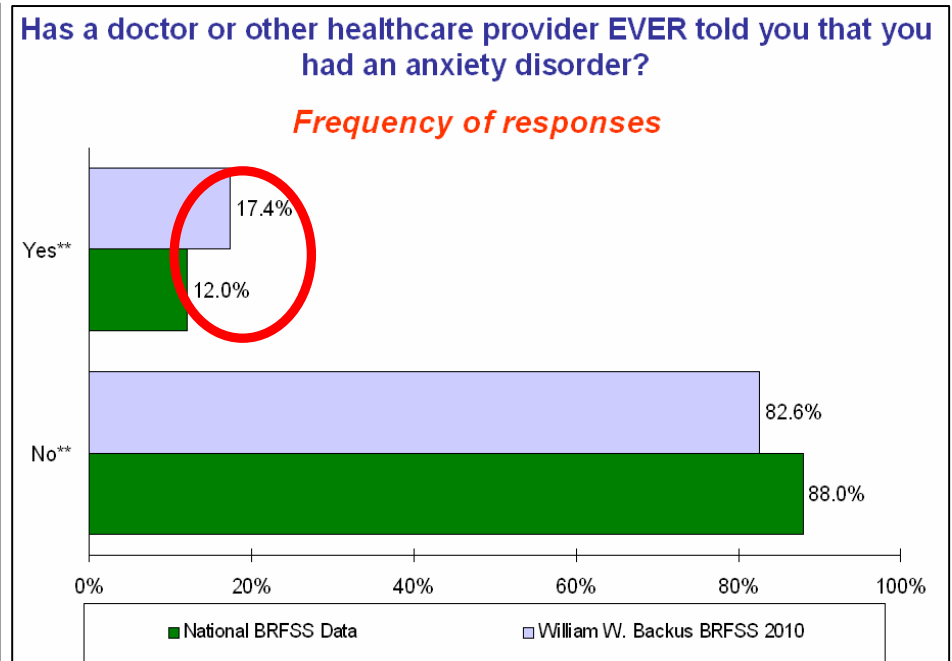
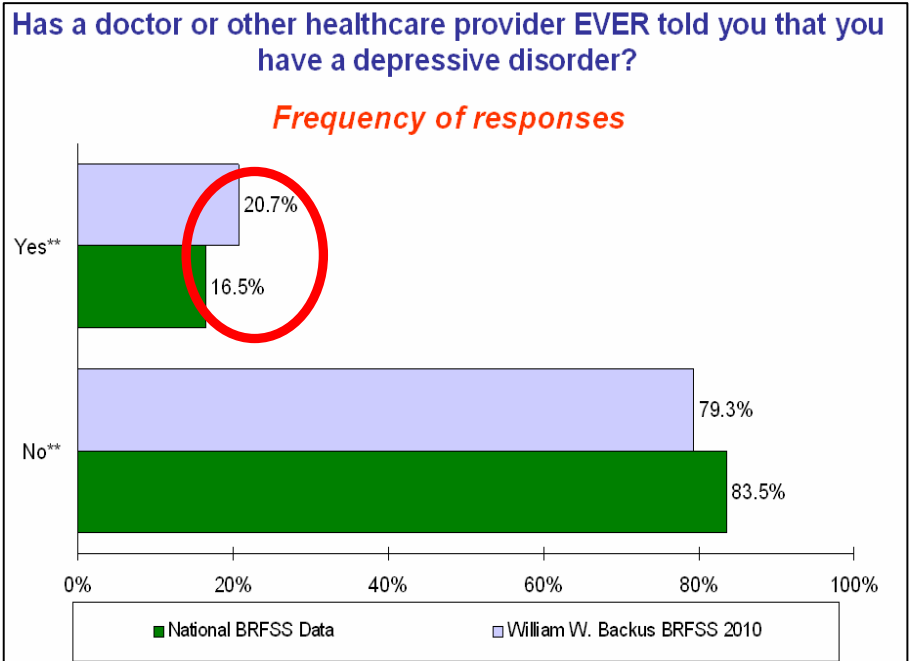
Male respondents age 40 and older



*William W. Backus Hospital 2010 is significantly different from the Connecticut comparison.



Mental Health



Self-reported days of feeling blue, anxious, or depressed within the WBH service area were similar to CT and US percentages

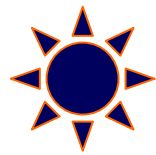


Mental Health

- Females are more likely to be diagnosed with depressive disorder than males.
- Those who are unable to work or who have been out of work for more than one year are also more likely to have ever been told they have depressive disorder or an anxiety disorder.
 - 52% of those unable to work have/had an anxiety disorder and 57.6% a depressive disorder
 - 18.9% of those out of work for more than a year have/had an anxiety disorder and 29.7% a depressive disorder
- The additional category with higher percentages included the “homemaker” residents (20.3% anxiety disorder; 37.1% depressive disorder).



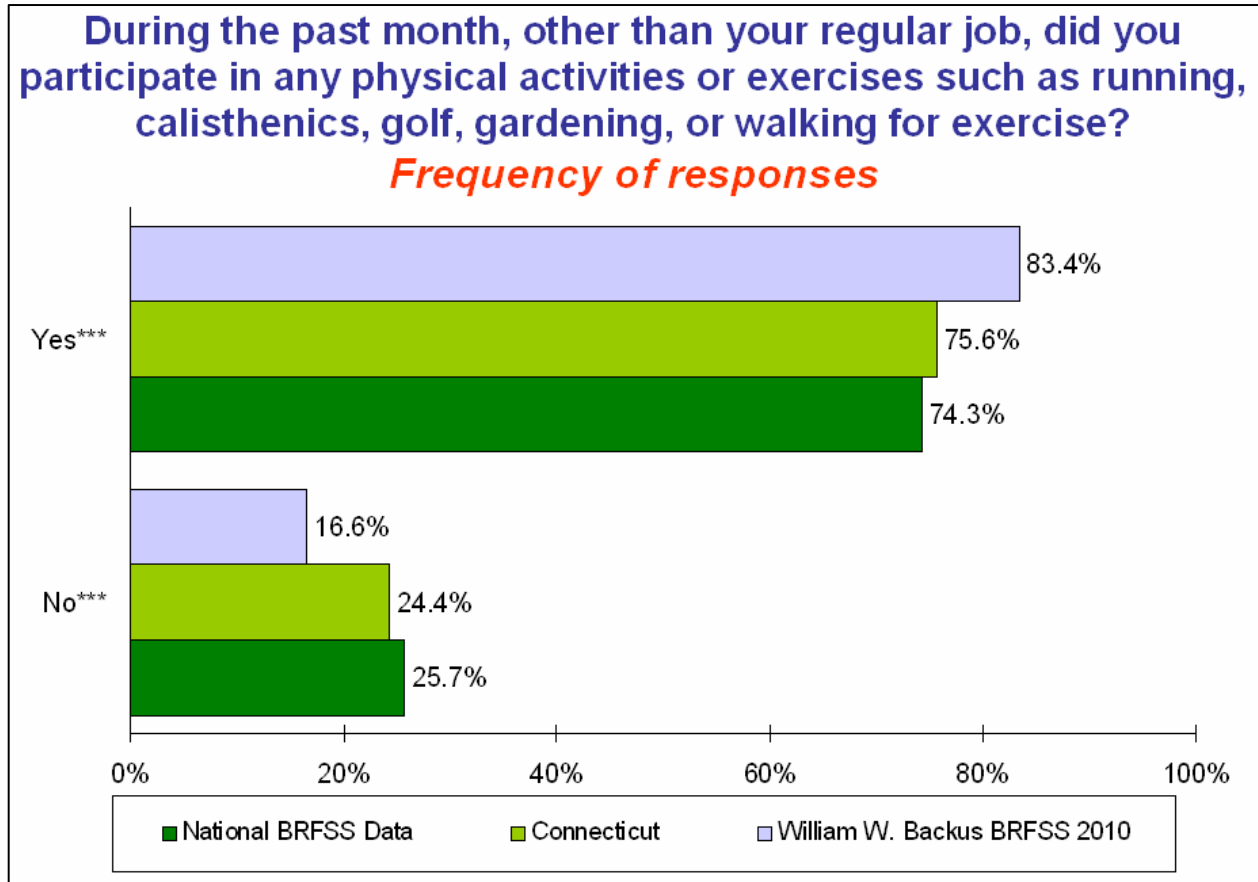
Summary of Assessment Findings



Additional noteworthy findings and/or areas of mixed results



Weight & Exercise



No differences between primary and secondary

No gender differences found

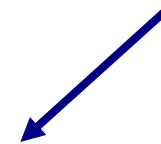
Despite high obesity and overweight statistics, diabetes rates are consistent with CT and US (8.8% with diabetes)



Population Statistics

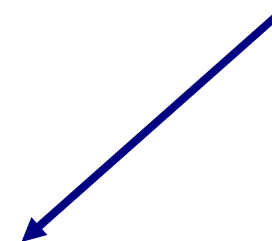
	United States	Connecticut	WWB Total Service Area	WWB Primary Service Area	WWB Secondary Service Area
RACE (Race alone or in combination with one or more races)*					
White	77.1%	83.3%	89.4%	91.8%	87.1%
Black/ African American	12.9%	10.0%	6.3%	4.5%	8.0%
Asian	4.2%	2.8%	2.3%	1.8%	2.7%
American Indian/ Alaskan Native	1.5%	0.7%	2.0%	2.3%	1.7%
Native Hawaiian or Other Pacific Islander	0.3%	0.1%	0.2%	0.1%	0.2%
Some other race	6.6%	5.5%	2.9%	2.2%	3.5%
HISPANIC or LATINO RACE					
Hispanic or Latino (of any race)	12.5%	9.4%	5.1%	3.7%	6.5%

Percentage of Hispanic/Latino residents is lower than CT and US



PLACE OF BIRTH	United States	Connecticut	WWB Total Service Area	WWB Primary Service Area	WWB Secondary Service Area
Total population	281,421,906	3,405,565	254,706	124,823	129,883
Native	88.9%	89.1%	94.9%	95.6%	94.3%
Born in United States	87.7%	85.8%	92.6%	93.8%	91.5%
State of residence	60.0%	57.0%	57.6%	62.1%	53.3%
Different state	27.7%	28.8%	35.0%	31.6%	38.2%
Born in Puerto Rico, U.S. Island areas, or born abroad to American parent(s)	1.3%	3.3%	2.3%	1.8%	2.8%
Foreign born	11.1%	10.9%	5.1%	4.4%	5.7%

Percentage of foreign born is lower than CT and US figures





Population & Household Statistics

LANGUAGE SPOKEN AT HOME	United States	Connecticut	WWB Total Service Area	WWB Primary Service Area	WWB Secondary Service Area
Population 5 years and over	262,375,152	3,184,514	238,504	117,561	120,943
English only	82.1%	81.7%	89.8%	91.0%	88.7%
Language other than English	17.9%	18.3%	10.2%	9.0%	11.3%
Speak English less than "very well"	8.1%	7.4%	3.5%	3.1%	3.9%
Spanish	10.7%	8.4%	4.5%	3.4%	5.6%
Speak English less than "very well"	5.2%	3.7%	1.7%	1.3%	2.1%
Other Indo-European languages	3.8%	7.9%	4.1%	4.3%	4.0%
Speak English less than "very well"	1.3%	2.8%	1.2%	1.3%	1.1%
Asian and Pacific Islander languages	2.7%	1.5%	1.2%	1.0%	1.3%
Speak English less than "very well"	1.4%	0.7%	0.5%	0.4%	0.5%

About 9/10 speak "English only" in area households; above CT and US

Income data consistent with CT, above US

INCOME (IN 2000 INFLATION-ADJUSTED DOLLARS)	United States	Connecticut	WWB Total Service Area	WWB Primary Service Area	WWB Secondary Service Area
Total households	105,480,101	1,302,227	97,384	47,599	49,485
Median household income	\$41,994	\$53,935	\$52,637	\$53,523	\$51,197
Families	72,261,780	885,747	65,775	33,171	32,604
Median family income	\$50,046	\$65,521	\$59,775	\$60,933	\$57,894
Per capita income	\$21,587	\$28,766	\$23,010	\$23,064	\$22,923
Median earnings					
Male full-time, year-round workers	\$37,057	\$45,787	\$41,294	\$41,753	\$40,578
Female full-time, year-round workers	\$27,194	\$33,318	\$29,145	\$28,773	\$29,750

Gap of \$12,149; consistent with CT, above US

Poverty statistics, while increasing, also below CT and US averages

% of children on free/reduced lunch same as CT and US



Education Statistics

62% of adults are currently employed for wages (per household survey)

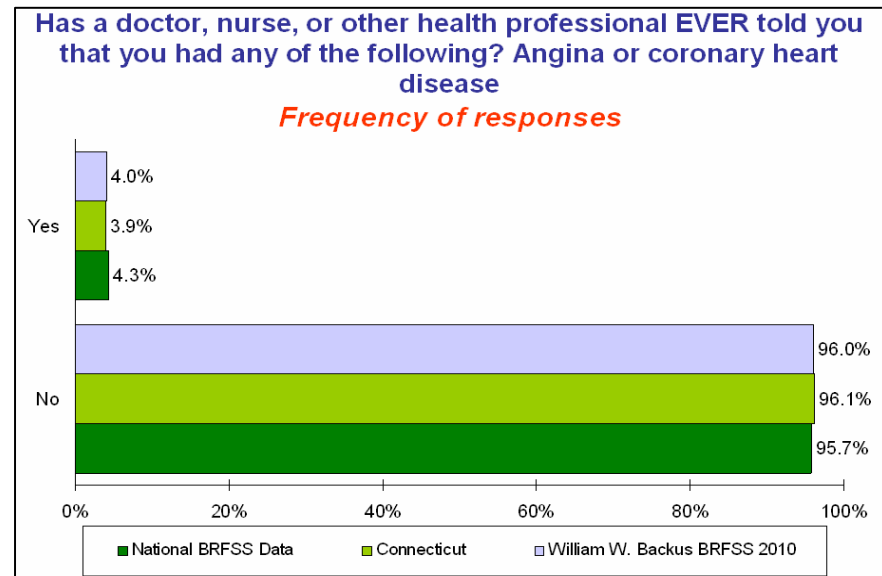
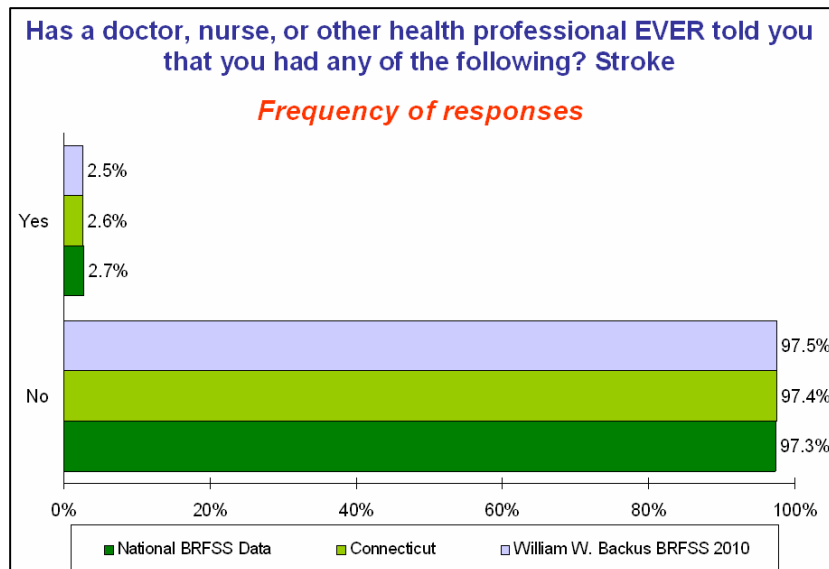
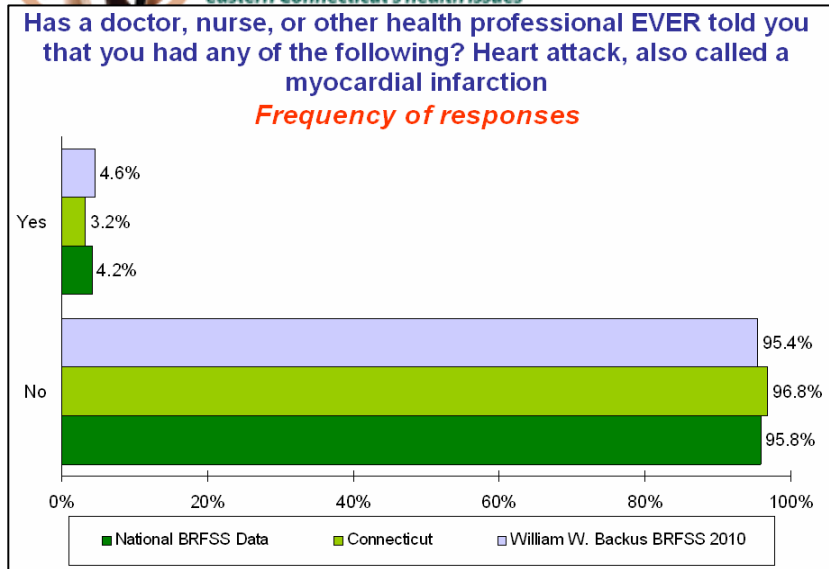
- Education statistics are favorable with regard to HS diploma attainment
 - The area falls behind CT and national averages for college degrees
- Significantly larger pool of professions in the area for “arts, entertainment, recreation, and accommodations”

EDUCATIONAL ATTAINMENT	United States	Connecticut	WWB Total Service Area	WWB Primary Service Area	WWB Secondary Service Area
Population 25 years and over	182,211,639	2,295,617	168,004	83,571	84,433
Less than 9th grade	7.5%	5.8%	5.4%	5.5%	5.2%
9th to 12th grade, no diploma	12.1%	10.2%	11.0%	11.2%	10.8%
High school graduate (includes equivalency)	28.6%	28.5%	34.0%	36.1%	32.0%
Some college, no degree	21.0%	17.5%	20.4%	20.4%	20.5%
Associate's degree	6.3%	6.6%	7.5%	7.4%	7.6%
Bachelor's degree	15.5%	18.2%	12.7%	11.5%	13.9%
Graduate or professional degree	8.9%	13.3%	8.9%	8.0%	9.9%
Percent high school graduate or higher	80.4%	84.0%	83.6%	83.3%	84.0%
Percent bachelor's degree or higher	24.4%	31.4%	21.6%	19.4%	23.8%



Cardiovascular Disease

No gender or racial differences

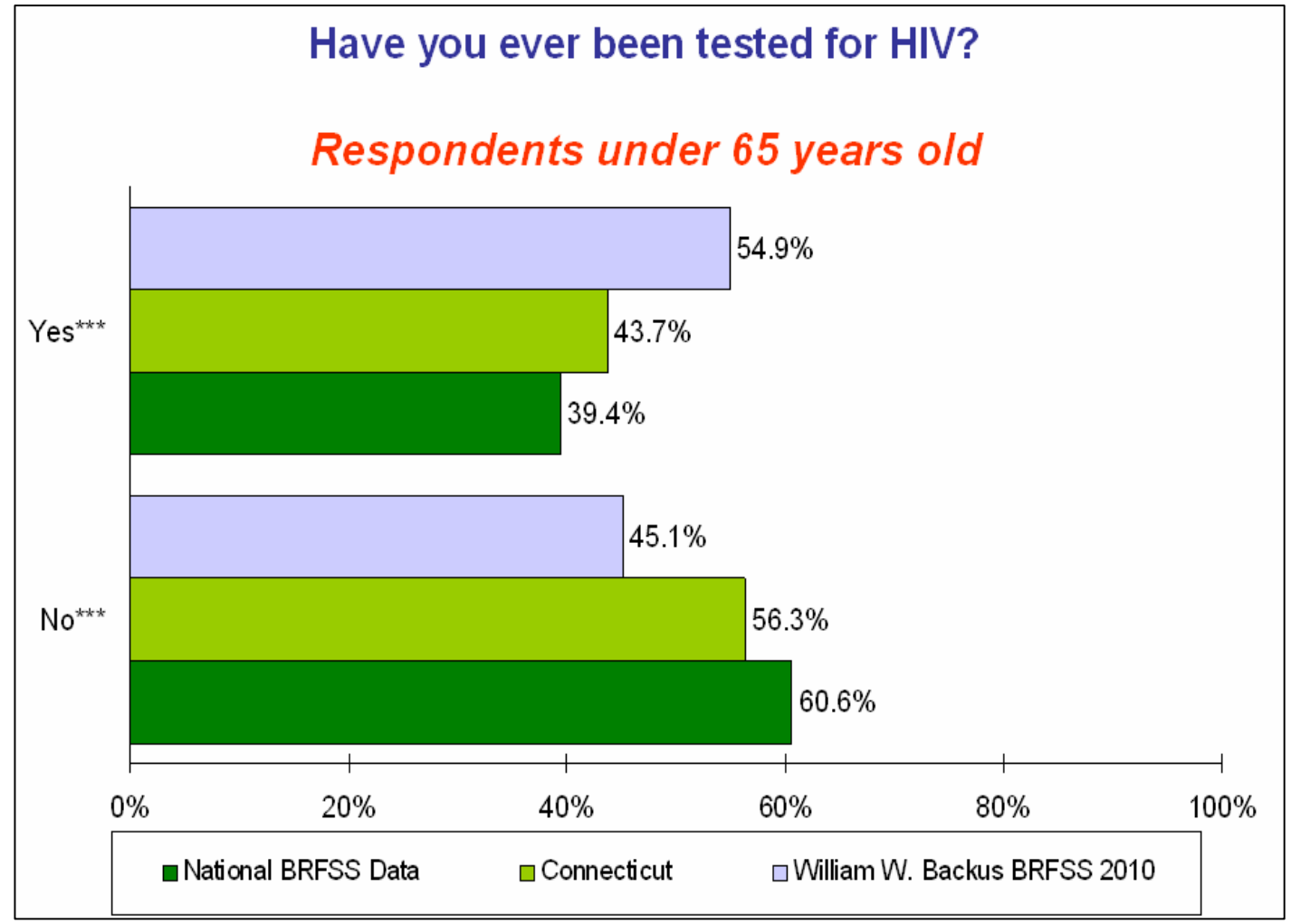




HIV / AIDS

Despite higher likelihood of testing, risky behaviors less likely to apply (unprotected sex, use of dirty drug needle, etc.)

Females more likely to have been tested than males





Additional Noteworthy Feedback

- Additional training needed for those working with special needs children (especially autism).
- Concern about closing of YMCA and loss of physical activity outlets for area children.
- Increased childhood education programs regarding nutrition and healthy eating.
- Cultural influence can be significant on issues such as nutritional habits, preventive care.



How can this information be used?

- CHNA data can be utilized to meet both collective and individual goals. What do you take away specifically for your organization or area of focus? For example...
 - United Way
 - American Cancer Society
 - Chamber of Commerce
 - Schools and Colleges
 - Individual Healthcare Providers
- Development of issue-specific coalitions and partnerships.
- Key findings can be integrated into individual organization strategic-plans.
- Data can be used for grant applications.
- Legislative or lobbying efforts.



Backus
HEALTHview

*Assessing and addressing
eastern Connecticut's health issues*



Questions?



Contact Information

Lisa Scott Lehman
President, Holleran

Llehman@holleranconsult.com

1.800.941.2168